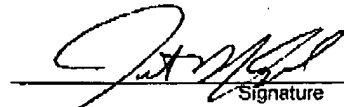


PTO/SB/31 (01-08)

Approved for use through 03/31/2008. OMB 0551-0031

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) CL15100RD	RECEIVED CENTRAL FAX CENTER MAY 29 2008
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>510.00</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
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I am the		 Signature	
<input type="checkbox"/> applicant/inventor.		<u>Justin D. Karjala</u> Typed or printed name	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<u>510.749.4224</u> Telephone number	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>43,704</u>		<u>May 29, 2008</u> Date	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*			
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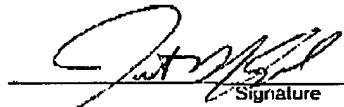
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<input type="checkbox"/> applicant/inventor.		 Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)		<u>Justin D. Karjala</u> Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>43,704</u>		<u>510.740.4224</u> Telephone number	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		<u>May 29, 2008</u> Date	
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